

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/009308

FILING DATE

APPLICANT(S)

CLAIMS

·	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	15	↔		↔		↔
TOTAL CLAIMS	18	██████████	██████████	██████████	██████████	██████████

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.		↔		↔		↔		
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████	██████████	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS